

EMPLOYEE RELOCATION FACT SHEET

ASC-3001 (New 3/1998)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

DATE

IMPORTANT NOTE: The following information must be completed by the authorized hiring manager and forwarded to the address below (or faxed) to ensure mailing of the relocation package to the relocating employee which initiates the relocation process.

RELOCATING EMPLOYEE (<i>Last Name</i>)		FIRST	M.I.	SOCIAL SECURITY NO.
IS EMPLOYEE A NEW HIRE TO STATE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ISSUE DATE (date employee accepted the job)	REPORTING DATE TO THE NEW JOB	
REPRESENTED	NON-REPRESENTED	REASON FOR RELOCATION <input type="checkbox"/> BENEFIT OF STATE <input type="checkbox"/> OTHER	<input type="checkbox"/> PROMOTION	<input type="checkbox"/> TRANSFER

	CURRENT	NEW
CLASSIFICATION		
DIVISION		
DISTRICT/UNIT		
CITY		
POSITION NUMBER (Agency - Unit - Class - Serial)		

RELOCATING EMPLOYEE'S ADDRESS (*Where relocation package should be mailed*)

CITY	STATE	ZIP CODE	WORK PHONE NUMBER (<i>Include area code</i>) ()
HIRING MANAGER'S SIGNATURE			WORK PHONE NUMBER (<i>Include area code</i>) ()

AUTHORIZED HIRING MANAGER (Print Name and Title)

Mail or Fax to Accounting /Policy Services Section:

DIVISION OF ACCOUNTING
P.O. Box 168018
Sacramento, CA 95816-8018
Attn: Travel Policy Section, M.S. 25

Fax Number: (916) 227-8662 or CALNET 498-8662

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.